FAA/BALTIMORE FSDO 890 AIRPORT PARK ROAD, SUITE 101 GLEN BURNIE, MD 21061

Safety Se	eminar Atte	nd			
Location			Date		
Signature of	f SPM or Coun	selor			
Category	of Training	(Select On	e)		
Airplane Rotocraft		Lighter-Than-Air		SEAWINGS	Glider
Flight Tra	aining				
Phase of Training		Date	CFI	Certificate	# Expires
1 st hour			_	<u></u>	
2 nd hour					
3 rd hour			_		
CFI'S NAME	E (Please Print	:)			
	rrent edition of FA vard Program, for o				
Detach & Save					
	ROFICIENC	v		A PER	
AWARD		,	€	- CAU	12
 Fill in approp Have SAFE Circle appro Have your C 	ILOT INFORMATI priate phase unde TY SEMINAR sec priate CATEGOR FI complete the F nail this completed	r WINGS ELIG tion endorsed I Y OF TRAININ LIGHT TRAIN	by the presiding \$ G. ING section as ea	SPM or ASC. ach hour of training is If to apply for your W	s completed.
PILOT IN	FORMATIO	N			
Pilot's Name					
Address					
				Zip	
•	No				
Pilot's Certif Number	ficate Grade (s	elect one)	Private	Commercial	ATP
Have you ev	ver been involv	ed in an air	craft accident?	?	
Yes	No		If yes, when		
WINGS E	LIGIBILITY	I am applyir	ng for Phase		WINGS

I am applying for Phase _____ SEAWINGS.